POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	_(signature)_	37	5/17
FORMALITY REVIEW	MW	920	06-15-01
RESPONSE FORMALITY REVIEW	HA	858	9/27/01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date								
Final	Original	3/21/03	2/24/04	1/7/04						
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If more than 150 claims or 10 actions
staple additional sheet here

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